

PART B - FEE(S) TRANSMITTAL

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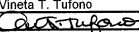
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20350 7590 05/07/2008

**TOWNSEND AND TOWNSEND AND CREW, LLP
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I hereby certify that this correspondence is being filed via
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Vineta T. Tufono	(Depositor's name)
	(Signature)
August, 7, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/466,554	06/06/1995	PETER A. SEUBERT	015270-002120US	3168

TITLE OF INVENTION: METHODS FOR AIDING IN THE DIAGNOSIS OF ALZHEIMER'S DISEASE BY MEASURING AMYLOID-BETA PEPTIDE (X->41) AND TAU

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$0	\$720	08/07/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
DUFFY, PATRICIA ANN	1645	424-009200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a **Customer Number** is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Townsend and Townsend
1 and Crew LLP
2
3

3. **ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Elan Pharmaceuticals, Inc.

South San Francisco, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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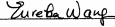
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

5. **Change in Entity Status** (from status indicated above)

☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27.

☒ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

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Authorized Signature 
Typed or printed name Yu-Mei Eureka Wang

Date August 7, 2008
Registration No. 50,510

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